AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

| (check applicable | e box) DERAL CAN | DIDATE | ■ STATE | E/LOCAL CA | NDIDATE | |
|---|---|---------|---------|-------------------|--------------------|--|
| To Avail Themselves Of The Lowest Unit Charge During A Political Window, Federal Candidates Must Sign The Certification On Page 3 | | | | | | |
| Station and Location: Comast SpokerE | | | | | Date: 09/29/16 | |
| I, Shorr Johnson Magnus | | | | | | |
| being/on behalf of: Jay Inslee | | | | | | |
| a legally qualified candidate of the Democratic | | | | | | |
| political party for the office of: Governor | | | | | | |
| in the General | | | | | | |
| election to be held on: November 8, 2016 | | | | | | |
| do hereby request station time as follows: | | | | | | |
| Broadcast Length | Time of Day, Rotation or Package | Days | Class | Times per Week | Number of Weeks | |
| | 58 | E Sched | We | | | |

Attach proposed schedule with charges (if available): \$

| I represent that the payment for the above described broadcast time has been furnished by: Jay Inslee for Washington | | | | |
|--|--|--|--|--|
| and you are authorized to announce the time as paid for by such person or entity. I represent that this person or entity is either a legally qualified candidate or an authorized committee/organization of the legally qualified candidate. | | | | |
| The name of the treasurer of the candidate's authorized committee is: Phillip Lloyd | | | | |
| This station has disclosed to me its political advertising policies, including: applicable classes and rates; and discount, promotional and other sales practices (not applicable to federal candidates). | | | | |
| THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING. | | | | |
| To Be Signed By Candidate or Authorized Committee | | | | |

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|--|--------------------|------------|--|--|--|--|--|
| 09/29/2016 | 1/1/1/ | / | | | | | |
| Date | Signature | 200 - 100 | | | | | |
| To Be Signed By Station Representative | | | | | | | |
| ☐ Accepted | ☐ Accepted in Part | ☐ Rejected | | | | | |
| Jim Oshende | JIM OSTRANDER | NSM | | | | | |
| Signature | Printed Name | Title | | | | | |